



05-15-02 \$A 1600

Practitioner's Docket No. 1012-090C1

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PATENT  
TECH CENTER 1600/2900

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: McFarland, Eric; Danielson, Earl;  
Devenney, Martin; and Warren, Christopher J.

Application No.: 08/941,170

Filed: 09/30/1997

Group No.: 1627

Examiner: P. Ponnaluri

For: POTENTIAL MASKING SYSTEMS AND METHODS FOR  
COMBINATORIAL LIBRARY SYNTHESIS

Box AF

Assistant Commissioner for Patents

Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is a Response and Amendment, Terminal Disclaimer, Supplemental Information Disclosure Statement and forms PTO/SB/08A and PTO/SB/08B for this application.

STATUS

2. Applicant is a small entity. A statement was already filed.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING



deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231 with Express Mail No. EV047458275US.

Date:

05-14-02

FACSIMILE



transmitted by facsimile to the Patent and Trademark Office.

Signature

Roni L. Masquelier

(type or print name of person certifying)

(Amendment Transmittal--page 1 of 3)

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### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	26	Minus	40	= 0	x \$9 =	\$0
Indep.	3	Minus	4	= 0	x \$40 =	\$0
First Presentation of Multiple Dependent Claim					+ \$ =	\$0
Total						Addit. Fee \$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,  
 \*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".  
 \*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".  
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

Total additional fee for claims required \$0

### FEE PAYMENT

5. Charge Account No. 50-0496 the sum of \$180.00 for Supplemental Information Disclosure Statement and \$55.00 for Terminal Disclaimer Fee for a total of \$235.00. A duplicate of this transmittal is attached.

(Amendment Transmittal--page 2 of 3)

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**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 50-0496.  
If any additional fee for claims is required, charge Account No. 50-0496.

Date:

May 14, 2002

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